C03 Web date: 11/26/2012



**Certification & Transfer** of Applicant Status

For alternate formats, call 206-296-6600.

35030 SE Douglas Street, Suite 210 Snoqualmie, Washington 98065-9266 **206-296-6600** TTY Relay: 711 www.kingcounty.gov

Permit Number:	
FOR CURRENT OWNER:  I,  owner of the property which is the subject of this application the property Learning that Learning the property of the	
the property, I certify that I am authorized by any and all other transfer any and all rights I/we have to apply for this permit	
I, therefore, certify that (print name) is the "applicant" for this permit or approval and shall remain the "applicant" for the duration of this permit or approval unless "applicant" status is transferred in writing on a form provided by this department. By being the "applicant," that individual assumes <b>financial responsibility for all fees</b> and will receive any refunds paid.	
I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.	
Signature of Owner	Date Signed
FOR INDIVIDUALS:	(print name) hereby certify that I am the
I, "applicant" for this permit or approval. I shall remain the "a unless "applicant" status is transferred in writing on a form responsibility for all fees associated with this permit or all address is:	provided by this department. I accept financial
I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.	
Signature of Applicant	Date Signed
FOR CORPORATIONS/BUSINESS ASSOCIATIONS:	l .
I,agent ofassociation authorized in the State of Washington and that permit or approval and <b>is financially responsible for all</b> for shall remain the "applicant" for the duration of this permit of	, a corporation or other business this business association is the "applicant" for this ees and will receive any refunds paid. This association
writing on the form provided by this department. The mailing and the form provided by this department. The mailing are stated as a second of the stated are sta	ng address of this business association is:
orginature or Applicant	Date Signed

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<b>NOTICE TO APPLICANTS:</b> By law, the Department of Permitting and Environmental Review (Permitting) returns al engineering and other plans to the applicant. If, however, you wish to authorize the Department of Permitting to return engineering and other plans directly to the engineer, architect, or other consultant <b>for the limited purpose of making corrections</b> , please designate below:
☐ I authorize the Department of Permitting to return my plans directly to my consultant(s) for the limited purpose of making corrections, as designated on this form.
CONSULTANTS: